Outcomes Measures Application - Field Values
Baseline

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name		Child	TAY	Adult	OlderAdult	Data Type	Length
3B	TRUE	TRUE	TRUE	TRUE	TRUE	Admin Info	Who referred the client? (select one) [Radio Button]	Baseline_AdminInfo	AI_ReferrerID						int	4
								Baseline_AdminInfo_lu_Referrer	PK_AI_ReferrerID	AI_Referrer_Desc	Child	TAY	Adult	OlderAdult		
										1 Self	✓	✓	✓	✓		
										2 Family Members	✓	✓	✓	✓		
										3 Significant Other	✓	✓	✓	✓		
										4 Friend / Neighbor	✓	✓	✓	✓		
										5 School	✓	✓	✓	✓		
										6 Primary Care / Medical Office	✓	✓	✓	✓		
										7 Emergency Room	✓	✓	✓	✓		
										8 Mental Health Facility / Community Agency	✓	✓	✓	✓		
										9 Social Services Agency	✓	✓	✓	✓		
										10 Substance Abuse Treatment Facility / Agency	✓	✓	✓	✓		
										11 Faith-based Organization	✓	✓	✓	✓		
										12 Other County / Community Agency	✓	✓	✓	✓		
										13 Homeless Shelter	✓	✓	✓	✓		
										14 Street Outreach	✓	✓	✓	✓		
										15 Jail / Prison		✓	✓	✓		
										16 Acute Psychiatric / State Hospital	✓	✓	✓	✓		
										17 Other	✓	✓	✓	✓		
										19 Juvenile Hall / Camp / Ranch / California Youth Authority	✓	✓				
1C	TRUE	TRUE	TRUE	TRUE	TRUE	Living Arrangements	RESIDENTIAL TYPE [Dropdown List]	1_LivingArrangement_ResidentialType	1_ResidentialTypeID						int	4
								1_ResidentialType	1_ResidentialTypeID	1_Residential_Type_Description	Child	TAY	Adult	OlderAdult		
										1 Homeless (includes people living in cars)	✓	✓	✓	✓		
										2 Emergency Shelter	✓	✓	✓	✓		
										3 Temporary Housing (includes people living with friends but paying no rent)	✓	✓	✓	✓		
										4 Crisis Residential Program	✓	✓	✓	✓		
										5 Transitional Residential Program	✓	✓	✓	✓		
										6 Long Term Residential Program	✓	✓	✓	✓		
										7 Lives in an apartment or house... * (see above)	✓	✓	✓	✓		
										9 State Psychiatric Hospital	✓	✓	✓	✓		
										10 Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	✓	✓	✓	✓		
										11 Institution for Mental Disease (IMD)	✓	✓	✓	✓		
										12 Acute Medical Hospital	✓	✓	✓	✓		
										13 Acute Hospital for Substance Abuse Treatment						

Outcomes Measures Application - Field Values
Baseline

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name					Data Type	Length
15									Alcohol or Substance Abuse Residential Rehabilitation Center	✓	✓	✓	✓		
17									Lives with one or both biological/adoptive parents	✓	✓	✓	✓		
18									Lives with adult family members other than parents - non foster care	✓	✓	✓	✓		
19									Mental Health Rehabilitation Center (MHRC)		✓	✓	✓		
20									Licensed Community Care Facility (Board and Care)		✓	✓	✓		
24									Unlicensed but supervised individual placement... ** (see above)		✓	✓	✓		
27									Kin-Guardian Assist Program	✓	✓				
28									Foster Home – with relatives	✓	✓				
29									Foster Home – with non-relatives	✓	✓				
30									Therapeutic Foster Home	✓	✓				
31									Lives in a Group Home (L 0-9)	✓	✓				
32									Lives in a Group Home (L 10-11)	✓	✓				
33									Lives in a Group Home (L 12)	✓	✓				
34									Lives in a Group Home (L 14)	✓	✓				
35									Lives in a Community Treatment Facility	✓	✓				
36									California Youth Authority	✓	✓				
37									Juvenile Hall	✓	✓				
38									Juvenile Probation Camp/Ranch	✓	✓				
39									Convalescent Home						
40									Jail		✓	✓	✓		
41									Prison		✓	✓	✓		
42									Group Living Home		✓	✓	✓		
43									Lives with Family/Relatives (Adults)						
45									Other	✓	✓	✓	✓		
48									Sober Living Home		✓	✓	✓		
49									Lives with Adult Family Members						
50									Single Room Occupancy (SRO) (must hold lease)		✓	✓	✓		
56									D-rate Foster home - non-relative	✓	✓				
52									Skilled Nursing Facility (SNF) - Physical		✓	✓	✓		
53									Skilled Nursing Facility (SNF) - Psychiatric		✓	✓	✓		
54									Assisted Living Facility			✓	✓		
55									Unknown	✓	✓	✓	✓		
57									D-rate Foster home - relative	✓	✓				

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name						Data Type	Length
43F	TRUE	TRUE	TRUE	FALSE	FALSE	DA/V/EL	Estimate the client's attendance level (excluding scheduled breaks and excused absences) DURING THE PAST 12 MONTHS: [Dropdown List]	4_DAVEL	4_12Mo_Attendance						int	4
								4_Current_Attendance	AttendanceID	AttendenceDescription	Child	TAY	Adult	OlderAdult		
									1	1- Always attends school (never truant)	✓	✓				
									2	2- Attends school most of the time	✓	✓				
									3	3- Sometimes attends school	✓	✓				
									4	4- Infrequently attends school	✓	✓				
									5	5- Never attends school	✓	✓				
44F	TRUE	TRUE	TRUE	FALSE	FALSE	DA/V/EL	Estimate the client's attendance level (excluding scheduled breaks and excused absences) CURRENTLY: [Dropdown List]	4_DAVEL	4_Current_Attendance						int	4
								4_Current_Attendance	AttendanceID	AttendanceDescription	Child	TAY	Adult	OlderAdult		
									1	1- Always attends school (never truant)	✓	✓				
									2	2- Attends school most of the time	✓	✓				
									3	3- Sometimes attends school	✓	✓				
									4	4- Infrequently attends school	✓	✓				
									5	5- Never attends school	✓	✓				
45F	TRUE	TRUE	TRUE	FALSE	FALSE	DA/V/EL	CURRENTLY, his/her grades are: [Dropdown List]	4_DAVEL	4_Current_Grades						int	4
								4_Grades	4_Grades_ID	4_Grades_Description	Child	TAY	Adult	OlderAdult		
									1	1- very good	✓	✓				
									2	2- good	✓	✓				
									3	3- average	✓	✓				
									4	4- below average	✓	✓				
									5	5- poor	✓	✓				
46F	TRUE	TRUE	TRUE	FALSE	FALSE	DA/V/EL	IN THE LAST 12 MONTHS, the client's grades were: [Dropdown List]	4_DAVEL	4_12Mo_Grades_12MoID						int	4
								4_Grades	4_Grades_ID	4_Grades_Description	Child	TAY	Adult	OlderAdult		
									1	1- very good	✓	✓				
									2	2- good	✓	✓				
									3	3- average	✓	✓				
									4	4- below average	✓	✓				
									5	5- poor	✓	✓				

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name						Data Type	Length
49F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL - Bathing [Radio Button]	4_DAVEL	4_BathingID						int	4
								4_3M_Bathing	BathingID	BathingDescription	Child	TAY	Adult	OlderAdult		
									1	1- Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing)				✓		
									2	2- Receives assistance in bathing only one part of the body (such as back or leg)				✓		
									3	3- Receives assitance in bathing more than one part of the body (or not bathed)				✓		
50F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL - Dressing [Radio Button]	4_DAVEL	4_DressingID						int	4
								4_3M_Dressing	DressingID	DressingDescription	Child	TAY	Adult	OlderAdult		
									1	1- Gets clothes and gets completely dressed without assistance.				✓		
									2	2- Gets clothes and gets completely dressed without assistance, except for assistance in tying shoes.				✓		
									3	3- Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed.				✓		
51F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL - Toileting [Radio Button]	4_DAVEL	4_ToiletingID						int	4
								4_3M_Toileting	ToiletingID	ToiletingDescription	Child	TAY	Adult	OlderAdult		
									1	1- Goes to "toilet room", cleans self, and arranges clothes without assitance (may use object for support such as cane, walker, or wheelchair and may manage night bed pan or commode, emptying sam in AM).				✓		
									2	2- Receievs assitance in going to the "toilet room" or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode				✓		
									3	3- Doesn't go to room termed "toilet" for the elimination process.				✓		
52F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL - Transfer [Radio Button]	4_DAVEL	4_TransferID						int	4
								4_3M_Transfer	TransferID	TransferDescription	Child	TAY	Adult	OlderAdult		
									1	1 - Moves in and out of bed as well as in and out of chair without assitance (may be using object for support, such as cane or walker).				✓		
									2	2 - Moves in and out of bed or chair with assistance.				✓		

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name						Data Type	Length
53F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL - Continence [Radio Button]	4_DAVEL	4_ContinenceID						int	4
								4_3M_Continence	ContinenceID	ContinenceDescription	Child	TAY	Adult	OlderAdult		
									1	1- Controls urination and bowel movement completely by self.				✓		
									2	2- Has occasional "accidents".				✓		
									3	3- Supervision helps keep urine or bowel control; catheter is used, or person is incontinent.				✓		
54F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL - Feeding [Radio Button]	4_DAVEL	4_FeedingID						int	4
								4_3M_Feeding	FeedingID	FeedingDescription	Child	TAY	Adult	OlderAdult		
									1	1- Feeds self without assistance.				✓		
									2	2- Feeds self except for getting assitance cutting meat or buttering bread.				✓		
									3	3- Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids.				✓		
55F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL - Walking [Radio Button]	4_DAVEL	4_WalkingID						int	4
								4_3M_Walking	WalkingID	WalkingDescription	Child	TAY	Adult	OlderAdult		
									1	1- Walks on level without assistance.				✓		
									2	2- Walks without assistance but uses a single, straight cane.				✓		
									3	3- Walks without assistance but uses two points for mechanical support such as crutches, a walker, or two canes (or wears a brace).				✓		
									4	4- Walks with assistance.				✓		
									5	5- Uses wheelchiar only.				✓		
									6	6- Not walking or using wheelchair.				✓		
56F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL - House-Confinement [Radio Button]	4_DAVEL	4_House_ConfID						int	4
								4_3M_HouseConfinement	HouseConfinementI	4_House_ConfID	Child	TAY	Adult	OlderAdult		
									1	1- Has been outside of residence 3 or more days DURING THE PAST TWO WEEKS.				✓		
									2	2- Has been outside of residence only 1 or 2 days DURING THE PAST TWO WEEKS.				✓		
									3	3- Has not been outside of residence IN THE PAST TWO WEEKS.				✓		

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name						Data Type	Length
57F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL - Can the client use the telephone? [Dropdown]	4_DAVEL	4_IADL_Tele						int	4
								4_IADL	4_IADL_ID	4_IADL_Description	Child	TAY	Adult	OlderAdult		
									1	1- Without help				✓		
									2	2- With some help				✓		
									3	3- Completely unable to do				✓		
58F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL - Can the client get to places out of walking distance? [Dropdown]	4_DAVEL	4_IADL_Walking						int	4
								Refer to 4_ADL Table above			Child	TAY	Adult	OlderAdult		
59F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL - Can the client go shopping for groceries? [Dropdown]	4_DAVEL	4_IADL_Shopping						int	4
								Refer to 4_ADL Table above			Child	TAY	Adult	OlderAdult		
60F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL - Can the client prepare his/her own meals? [Dropdown]	4_DAVEL	4_IADL_Prepare						int	4
								Refer to 4_ADL Table above			Child	TAY	Adult	OlderAdult		
61F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL - Can the client do his/her own housework? [Dropdown]	4_DAVEL	4_IADL_Housework						int	4
								Refer to 4_ADL above								
62F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL - Can the client do his/her own handyman work? [Dropdown]	4_DAVEL	4_IADL_Handyman						int	4
								Refer to 4_ADL Table above								
63F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL - Can the client do his/her own laundry? [Dropdown]	4_DAVEL	4_IADL_Laundry						int	4
								Refer to 4_ADL Table above								
64F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL - If the client takes medication (or if the client had to take medication) could he/she take it on his/her own? [Dropdown]	4_DAVEL	4_IADL_Medication						int	4
								Refer to 4_ADL Table above			Child	TAY	Adult	OlderAdult		
65F	TRUE	FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL - Can the client manage his/her own money? [Dropdown]	4_DAVEL	4_IADL_Manage						int	4
								Refer to 4_ADL Table above			Child	TAY	Adult	OlderAdult		

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name						Data Type	Length
38G	FALSE	FALSE	FALSE	FALSE	TRUE	Physical Health	Based o the Mini Mental Status Exam (MMSE), the client presented with symptoms of cognitive impairment? If yes, what level: [Dropdown]	5_Physical_Health	5_MMSE_LevelID						int	4
								5_MMSE_Levels	5_MMSE_LevelID	5_MMSE_LevelID_Description	Child	TAY	Adult	OlderAdult		
									1	Mild				✓		
									2	Moderate				✓		
									3	Severe				✓		
40G	FALSE	FALSE	FALSE	FALSE	TRUE	Physical Health	Based on the Confusion Assessment Method (CAM), the client presented with symptoms of delirium? If yes, identify the most appropriate: [Dropdown]	5_Physical_Health	5_CAM_LevelID						int	4
								5_CAM_Level	5_CAM_LevelID	5_CAM_Level_Description	Child	TAY	Adult	OA		
									1	Acute Change				✓		
									2	Intention				✓		
									3	Disorganized Thinking				✓		
									4	Altered Level of Consciousness				✓		
14J	FALSE	TRUE	TRUE			Legal	Has the client been on probation DURING THE PAST 12 MONTHS? If yes, what type: [Dropdown List]	7_Legal	7_Child_Prob_TypeID						int	4
								7_ProbationType	7_Client_Prob_TypeID	7_Client_Prob_Description	Child	TAY	Adult	OA		
									1	1-Voluntary Probation (i.e., WIC 236/654)	✓	✓				
									2	2-Informal Types of Probation (i.e., 601, 790, Summary Probation)	✓	✓				
									3	3-Formal Probation (i.e., 602)	✓	✓				

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name				Data Type	Length
5B	TRUE	TRUE	TRUE	TRUE	TRUE	Admin Info	New FSP Program Name [Dropdown List]	KeyEventChange_AdminInfo	AI_KEC_New_FSP_Prog_Name				nvarchar	50
								Programs	Program_ID	Program_Name	Description	FK_GroupID		
		✓							1000	FSP-Child	FSP-Child (Child)	2		
			✓						1001	FSP-Transitional Age Youth	FSP-Transitional Age Youth (TAY)	3		
				✓					1002	FSP-Adult	FSP-Adult (Adult)	4		
					✓				1003	FSP-OlderAdult	FSP-OlderAdult (Older Adult)	5		
			✓						1005	Specialized Foster Care-Intensive Services	Specialized Foster Care-Intensive Services (TAY)	3		
			✓						1006	Specialized Foster Care-Basic Mental Health Services	Basic Mental Health Services (TAY)	3		
			✓						1008	Transitional Age Youth-Probation Camp Services	Probation Camp Services (TAY)	3		
			✓						1009	FSP-Adult	FSP-Adult (TAY)	3		
			✓						1010	FSP-Child	FSP-Child (TAY)	3		
		✓							1011	FSP-Transitional Age Youth	FSP-Transitional Age Youth (Child)	2		
				✓					1012	FSP-Transitional Age Youth	FSP-Transitional Age Youth (Adult)	4		
		✓							1013	Specialized Foster Care-Intensive Services	Specialized Foster Care-Intensive Services (Child)	2		
		✓							1014	Specialized Foster Care-Basic Mental Health Services	Basic Mental Health Services (Child)	2		
		✓							1015	Transitional Age Youth-Probation Camp Services	Probation Camp Services (Child)	2		
				✓					1016	FSP-Adult	FSP-Adult (Older Adult)	5		
				✓					1017	FSP-OlderAdult	FSP-OlderAdult (Adult)	4		
		✓							1018	FCCS-Child	FCCS (Child)	2		
			✓						1019	FCCS-TAY	FCCS (TAY)	3		
				✓					1020	FCCS-Adult	FCCS (Adult)	4		
					✓				1021	FCCS-Older Adult	FCCS (Older Adult)	5		
					✓				1022	FCCS-Adult	FCCS-Adult (Older Adult)	5		

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name							Data Type	Length
			✓						1023	FCCS-Child		FCCS-Child (TAY)			3		
		✓							1024	FCCS-TAY		FCCS-TAY (Child)			2		
				✓					1025	FCCS-TAY		FCCS-TAY (Adult)			4		
			✓						1026	FCCS-Adult		FCCS-Adult (TAY)			3		
			✓						1027	FCCS-Older Adult		FCCS-Older Adult (Adult)			4		
		✓							1032	Wraparound FSP-Child		Wraparound FSP-Child (Child)			2		
			✓						1033	Wraparound FSP-Child		Wraparound FSP-Child (TAY)			3		
		✓							1034	Wraparound FSP-TAY		Wraparound FSP-TAY (Child)			2		
			✓						1035	Wraparound FSP-TAY		Wraparound FSP-TAY (TAY)			3		
16B	TRUE	TRUE	TRUE	TRUE	TRUE	Admin Info	Indicate New Partnership Status: [Radio Button]	KeyEventChange_AdminInfo	New_Part_Status							int	4
								NewPartnershipStatus	New_Part_ID	New_Part_Description							
									1	Partnership and/or community services / program (indicate reason below).							
									2	Reestablishment of Full Service Partnership and/or community services / program.							

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name							Data Type	Length
18B	TRUE	TRUE	TRUE	TRUE	TRUE	Admin Info	Full Service Partnership and/or community services / program, indicate the reason	KeyEventChange_AdminInfo	Disc_Int_FSP							int	4
								Disc_Int_FullServicePartnership	Disc_Int_FSP_ID	Disc_Int_FSP_Desc	Child	TAY	Adult	Older Adult				
										1	1. Target population criteria are not met.	✓	✓	✓	✓			
										2	Partnership participation after partnership established.	✓	✓	✓	✓			
										3	3. Client moved to another county / service area.	✓	✓	✓	✓			
										4	4. After repeated attempts to contact client, he/she cannot be located.	✓	✓	✓	✓			
										5	Client's circumstances reflect a need for residential / institutional mental health services	✓	✓	✓	✓			
										6	6. Community services / program interrupted - Client will be placed in juvenile hall / camp / ranch.	✓						
										7	8. Client has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate.	✓	✓	✓	✓			
										8	9. Client is deceased.	✓	✓	✓	✓			
										9	6. Community services / program interrupted - Client will be serving jail sentence.		✓	✓	✓			
										10	Client will be placed in California Youth Authorization / Division of Juvenile Justice.	✓	✓					
										11	7. Community services / program interrupted - Client will be serving prison sentence.		✓	✓	✓			
2C	TRUE	TRUE	TRUE	TRUE	TRUE	Living Arrangement	Residential Type [Dropdown List]	1_KEC_LivingArrangement_ResidentialType	1_KEC_Residential_Type							int	4
										Refer to 1_ResidentialType Table in Baseline							

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name						Data Type	Length
4C		TRUE	TRUE	TRUE	TRUE	Living Arrangement	Why did client change residential status? [Dropdown List]	1_KEC_LivingArrangement_ResidentialType	1_KEC_ChangeReasonID						int	4
								1_KEC_Change_Reason	1_KEC_ChangeReasonID	1_KEC_Change_Reason_Description	Child	TAY	Adult	Older Adult			
										1	15) Non-Payment of rent/evicted	✓	✓	✓	✓			
										2	1) Asked to leave by other(s)	✓	✓	✓	✓			
										3	12) Increase in financial resources	✓	✓	✓	✓			
										4	16) Other	✓	✓	✓	✓			
										5	17) Physical Abuse	✓	✓	✓	✓			
										6	2) At risk, sibling abuse	✓	✓	✓	✓			
										7	10) Health Reasons	✓	✓	✓	✓			
										8	5) Decrease in financial status	✓	✓	✓	✓			
										9	19) Unable to maintain level of independence	✓	✓	✓	✓			
										10	13) More affordable house/apartment	✓	✓	✓	✓			
										11	3) Caretaker/Absent or incapacitated							
										12	18) Sexual Abuse	✓	✓	✓	✓			
										13	11) Improved Functioning	✓	✓	✓	✓			
										14	14) New/Better House/Apartment	✓	✓	✓	✓			
										15	6) Desired increase independence	✓	✓	✓	✓			
										16	7) Dissatisfied with prior living situation	✓	✓	✓	✓			
										17	9) General neglect	✓	✓	✓	✓			
										18	8) Emotional abuse	✓	✓	✓	✓			
										19	4) Decrease functioning	✓	✓	✓	✓			

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name							Data Type	Length
5C		TRUE	TRUE	TRUE	TRUE	Living Arrangement	or hospital. In the opinion of the client, is this a positive or negative change? [Radio	1_KEC_LivingArrangement_ResidentialType	1_KEC_ChangePositive							nvarchar	50
								Values are hardcoded in Application									
1F	TRUE	FALSE	TRUE	TRUE	TRUE	DA/V/EL	New Educational Setting:	4_KEC_DAVEL	4_KEC_Current_EducationID							int	4
								4_KEC_Current_Education	4_KEC_Current_EducationID	4_KEC_Current_Education_Description	Child	TAY	Adult	Older Adult				
										1	1- Not in school of any kind		✓	✓	✓		
										2	2- High School/GED Preparation/Adult Education		✓	✓	✓		
										3	3- Technical/ Vocational School		✓	✓	✓		
										4	4- Community College/ 4 year College		✓	✓	✓		
										5	5- Graduate School		✓	✓	✓		
										6	6- Other		✓	✓	✓		
9F	TRUE	TRUE	TRUE	TRUE	TRUE	DA/V/EL	(select one): [Radio Buttons]	4_KEC_DAVEL	4_KEC_HLEA_Change							nvarchar	100
								Values are hardcoded in Application									
19F		TRUE	TRUE	FALSE	FALSE	DA/V/EL	The client's grades are: [Dropdown List]	4_KEC_DAVEL	4_KEC_GradesID							int	4
								4_Grades	4_GradesID	4_Grades_Description	Child	TAY	Adult	Older Adult				
										1	1- very good	✓	✓				
										2	2- good	✓	✓				
										3	3- average	✓	✓				
										4	4- below average	✓	✓				
										5	5- poor	✓	✓				

Num	State	Child	TAY	Adult	OA	Section	Application Field Name	Table Name	Field Name							Data Type	Length
		FALSE	FALSE	FALSE	TRUE	Physical Health	the client presented with symptoms of cognitive impairment.	5_KEC_Physical_Health	5_KEC_MMSE_LevelID							int	4
								5_MMSE_Levels	5_MMSE_LevelID	5_MMSE_LevelID_Description	Child	TAY	Adult	Older Adult			
									1	Mild				✓			
									2	Moderate				✓			
									3	Severe				✓			
		FALSE	FALSE	FALSE	TRUE	Physical Health	Method (CAM), the client presented with symptoms of delirium.	5_KEC_Physical_Health	5_KEC_CAM_LevelID							int	4
								5_CAM_Level	5_CAM_LevelID	5_CAM_Level_Description	Child	TAY	Adult	OA			
									1	Acute Change				✓			
									2	Intention				✓			
									3	Disorganized Thinking				✓			
									4	Altered Level of Consciousness				✓			
3H	TRUE	TRUE	TRUE	TRUE	TRUE	CS/PMRT	Crisis Stabilization intervention: (Dropdown List)	6_KEC_Hospitalization_CrisisStabilization	6_KEC_Indicate_Type_ER_CS							int	4
								6_KEC_ER_CS_Type	ERCS_TypeID	ERCS_Desc							
									1	1- ER - Physical Health							
									2	2- ER - Psychiatric							
									3	3- ER - Substance Abuse							
									4	4- Crisis Stabilization - Psychiatric							
									5	5- Crisis Stabilization - Substance Abuse							
12J		TRUE	TRUE	FALSE	FALSE	LEGAL	Was the client placed on probation? If yes, what type:	7_KEC_Legal	7_KEC_Client_Prob_TypeID							int	4
								7_ProbationType	7_Client_Prob_TypeID	7_Client_Prob_Description	Child	TAY	Adult	OA			
									1	1-Voluntary Probation (i.e., WIC 236/654)	✓	✓					
									2	2-Informal Types of Probation (i.e., 601, 790, Summary Probation)	✓	✓					
									3	3-Formal Probation (i.e., 602)	✓	✓					

Num	State	Child	TAY	Adult	OA	Application Section	Application Field Name	Table Name	Field Name		Data Type	Length
7C	TRUE	TRUE	TRUE	FALSE	FALSE	DA/V/EL	**SCHOOL ATTENDANCE** Estimate the client's attendance level (excluding scheduled breaks and excused absences) CURRENTLY: [Dropdown List]	4_3M_DAVEL	4_3M_Curr_Attendance		int	4
									Refer to 4_Current_Attendance Table in Baseline			
21C	TRUE	TRUE	TRUE	FALSE	FALSE	DA/V/EL	CURRENTLY, his/her grades are: [Dropdown List]	4_3M_DAVEL	4_3M_GradesID		int	4
									Refer to 4_Grades Table in Baseline			
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL: Bathing - either sponge bath, tub bath, or shower: [Dropdown List]	4_3M_DAVEL	4_3M_BathingID		int	4
									Refer to 4_3M_Bathing Table in Baseline			
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL: Dressing - gets clothes from closets and drawers, including underclothes, outer garments and uses fasteners (including braces, if worn): [Dropdown List]	4_3M_DAVEL	4_3M_DressingID		int	4
									Refer to 4_3M_Dressing Table in Baseline			
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL: Toileting: [Dropdown List]	4_3M_DAVEL	4_3M_ToiletingID		int	4
									Refer to 4_3M_Toileting Table in Baseline			
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL: Transfer: [Dropdown List]	4_3M_DAVEL	4_3M_TransferID		int	4
									Refer to 4_3M_Transfer Table in Baseline			
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL: Continence: [Dropdown List]	4_3M_DAVEL	4_3M_ContinenceID		int	4
									Refer to 4_3M_Continence Table in Baseline			
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL: Feeding: [Dropdown List]	4_3M_DAVEL	4_3M_FeedingID		int	4
									Refer to 4_3M_Feeding Table in Baseline			
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL: Walking: [Dropdown List]	4_3M_DAVEL	4_3M_WalkingID		int	4
									Refer to 4_3M_WalkingTable in Baseline			

		FALSE	FALSE	FALSE	TRUE	DA/V/EL	ADL: House - Confinement: [Dropdown List]	4_3M_DAVEL	4_3M_HouseConfID		int	4
							Refer to 4_3M_HouseConfinement Table in Baseline					
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL: Can the client use the telephone? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Telephone		int	4
							Refer to 4_IADL Table in Baseline					
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL: Can the client get to places out of walking distance? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Walking		int	4
							Refer to 4_IADL Table in Baseline					
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL: Can the client go shopping for groceries? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Shopping		int	4
							Refer to 4_IADL Table in Baseline					
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL: Can the client prepare his/her own meals? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Prepare		int	4
							Refer to 4_IADL Table in Baseline					
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL: Can the client do his/her own housework [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Housework		int	4
							Refer to 4_IADL Table in Baseline					
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL: Can the client do his/her own handyman work? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Handyman		int	4
							Refer to 4_IADL Table in Baseline					
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL: Can the client do his/her own laundry? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Laundry		int	4
							Refer to 4_IADL Table in Baseline					
		FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL: If the client takes medication (or if the client had to take medication) could he/she take his/her own? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Medication		int	4
							Refer to 4_IADL Table in Baseline					

	FALSE	FALSE	FALSE	TRUE	DA/V/EL	IADL: Can the client manage his/her own money? [Dropdown List]	4_3M_DAVEL	4_3M_IADL_Manage		int	4
						Refer to 4_IADL Table in Baseline					
	FALSE	FALSE	FALSE	TRUE	Physical Health	Based on the Mini Mental Status Exam (MMSE), the client presented with symptoms of cognitive impairment? If yes, what level: [Dropdown List]	5_3M_Physical_ Health	5_3M_MMSE_LevelID		int	4
						Refer to 5_MMSE_Levels Table in Baseline					
	FALSE	FALSE	FALSE	TRUE	Physical Health	Based on the Confusion Assessment Method (CAM), the client presented with symptoms of delirium? If yes, identify the most appropriate:	5_3M_Physical_ Health	5_3M_CAM_LevelID		int	4
						Refer to 5_CAM_Level Table in Baseline					